

Decline in Risky Food Consumption in the Foodborne Diseases Active Surveillance

Network (FoodNet) Population: 1998 to 2002

Erica Weis¹, Janet Mohle-Boetani¹, Olga Henao^{2,3}, Elaine Scallan², Paula Clogher⁴, Candace Fuller⁵, Jennifer Gillespie⁶, Tim Jones⁷, Ruthanne Marcus⁴, Beletshachew Shiferaw⁸, Duc Vugia¹, and the EIP FoodNet Working Group

¹California Emerging Infections Program, Oakland, CA, ²Centers for Disease Control and Prevention, Atlanta, GA, ³Atlanta Research and Education Foundation, Atlanta, GA, ⁴Connecticut Emerging Infections Program, Hartford, CT, ⁵Minnesota Department of Health, St. Paul, MN, ⁶Georgia Division of Public Health, Atlanta, GA, ⁷Tennessee Department of Health, Nashville, TN, ⁸Oregon. Department of Human Services, Portland, OR

Background: Foodborne infections can cause severe illness in children, immunocompromised persons, and the elderly. There are certain “risky foods,” such as pink hamburger, raw oysters, and runny eggs, associated with an increased risk of foodborne illness.

Methods: The Foodborne Diseases Active Surveillance Network (FoodNet) conducted two 12-month population-based telephone surveys of the general population in 1998 and 2002 to determine consumption patterns for a variety of foods in the previous week as well as demographic information. We designated 7 foods as “risky foods” based on our knowledge of the foodborne disease literature and recent outbreaks. These 7 items were: (1) pink hamburgers; (2) pink ground pork; (3) raw fresh fish; (4) raw shellfish (a composite of raw clams, mussels, scallops, or oysters); (5) raw/unpasteurized milk; (6) runny eggs; and (7) alfalfa sprouts. Using multivariate logistic regression, we assessed the association of consumption of ≥ 1 of the 7 risky foods with: survey year, gender, ethnicity, education, age-group, and immunocompromised status.

Results: Overall, consumption of ≥ 1 risky food decreased from 31% in 1998 to 21% in 2002 ($p < 0.001$). A significant decrease occurred in all age groups, both genders, the healthy, the immunocompromised, whites, Hispanics, and African-Americans. Despite the overall decline, in 2002 some groups continued to consume risky foods at a relatively high rate. Men 18-64 years old more often reported consuming risky foods than women 18-64 years old (38% vs. 30%, $p < 0.001$), Asian/Pacific Islanders were more likely to consume risky foods than whites (32% vs. 21%, $p < 0.001$), and immunocompromised subjects < 18 years old were more likely to consume risky foods than healthy subjects < 18 years old (21% vs. 14%, $p < 0.001$).

Conclusion: Consumption of risky foods declined significantly in 2002 compared to 1998. However, adult men, Asian/Pacific Islanders, and immunocompromised children could still be targeted for messages to further reduce consumption of risky foods.